

71-65

- See Photos + Maps



(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

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BAYFIELD COUNTY SANITARY PERMIT APPLICATION

ENTERED
\$50

Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No: <u>128-11</u>		County Permit No: <u>16-0413</u>						
Property Owner's Name: <u>Jody McRae</u>				County: <u>Bayfield</u>								
Address of Property: <u>26630 County C</u>				Property Location: <u>SW 1/4 SW 1/4, S16 T 49 N, R 5 E (or) W</u>								
Property Owner's Mailing Address: <u>1900 MacArthur Ave</u>				Township: <u>Bayview</u>		Gov. Lot #: _____						
City, State: <u>Ashland WI</u>	Zip Code: <u>54806</u>	Phone Number: <u>715-204-7621</u>	Lot #: _____	Block #: _____	Subdivision Name or CSM #: _____							
II. TYPE OF BUILDING: (Check One)				Parcel ID Tax Number(s): <u>04008249051630300010000</u>								
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____												
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)												
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)												
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>12-088</u> Date Issued: <u>REVISED</u>												
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above												
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet												
V. ABSORPTION SYSTEM INFORMATION:												
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)						
VI. TANK INFORMATION:		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
		New Tanks	Existing Tanks									
Septic Tank or Holding Tank												
Lift Pump Tank / Siphon Chamber		<u>1000</u>		<u>1000</u>	<u>1</u>	<u>Wieser</u>	<input checked="" type="checkbox"/>					
VII. RESPONSIBILITY STATEMENT:												
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
Owner's Name(s): (Print) If applying for Section C above						Owner's Signature(s): (No Stamps) <u>Jody McRae</u>						
Plumber's Name: (Print) If applying for Section A or B) above <u>Robert W Hansen</u>						Plumber's Signature: (No Stamps) <u>Robert Hansen</u>						MP/MPRSW No: <u>225148</u>
Plumber's Address: (Street, City State, Zip Code) <u>25370 US Hwy 2 Meson WI</u>						Home Phone: <u>715-746-2246</u>						Business Phone: <u>715-746-2284</u>
VIII. COUNTY / DEPARTMENT USE ONLY												
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$400.00 - \$550.00</u> <u>\$50 Pd 11-9-16</u>		Date Issued: <u>11-9-16</u>		Issuing Agent's Signature / Date: <u>[Signature]</u> <u>1025529</u>				
<input type="checkbox"/> Owner Given Initial		<input type="checkbox"/> Adverse Determination										
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:												

CHECK BOX AS APPLICABLE.

☐ SOIL EVALUATION
SITE MAP


PROJECT NAME:

Mcrae

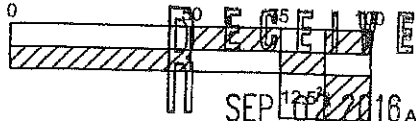
PROJECT ADDRESS: 26630 Co Hwy C

BM Symbol:  BM Elevation: 100 FT

BM Description: nail in Aspen

Slope Gradient (%) of Tested Area: 2 Well Symbol (if applicable): 

Scale: 1" = 50'



CHECK BOX AS APPLICABLE.

☒ SYSTEM
PLOT PLAN

PAGE 2

DESIGN FLOW: 450 GPD

Attach design flow calculations for commercial plans.

Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

Sanitary Sewer: 4 pvc

Force Main: 2" PE

Indicate north by drawing an arrow on the appropriate line.

IMPORTANT:

Show ground elevation contours at suitable intervals.

NO P.L. are within 50'
OF Proposed Tank & Force Main

Existing
Septic System

1000 gallon
Wieser Septic
Tank

Existing
4" pvc

3 Bed
Room

well

New 2" Force Main

1000 gallon Wieser tank
w/ Zoeller 2930004
Pump

← CO

Drive way

New Pump
Tank

New
Garage

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
NOV 03 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0415
Date: 11-10-16
Amount Paid: \$6811-316
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Richard Allen
Address of Property: 77130 Hwy 13
City/State/Zip: Washburn, WI 54891
Mailing Address: PO Box 354
City/State/Zip: Washburn, WI 54891
Contractor: WASHBURN, WI 54891
Contractor Phone: 715 269 0005
Plumber: _____
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: SW 1/4, SE 1/4
Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
Section 28, Township 49 N, Range 04 W, Town of: Savian
Legal Description: (Use Tax Statement) 6626
Tax ID# (4-5 digits): 6626
Recorded Deed (i.e. # assigned by Register of Deeds) Document #: V.1117 R. 555

☐ Shoreland ☒ Non-Shoreland
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes---continue
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If Yes---continue
Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion + include donated time & material: \$40,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> _____	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 60 Width: 50 Height: 20
Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	() X ()	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) COMMERCIAL STORAGE	(60 X 50)	3000
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/> Special Use: (explain)	() X ()	
	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
	<input type="checkbox"/> Other: (explain)	() X ()	

NOV 10 2016
Secretarial Staff ☐

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 11.4.16

Address to send permit _____

Attach

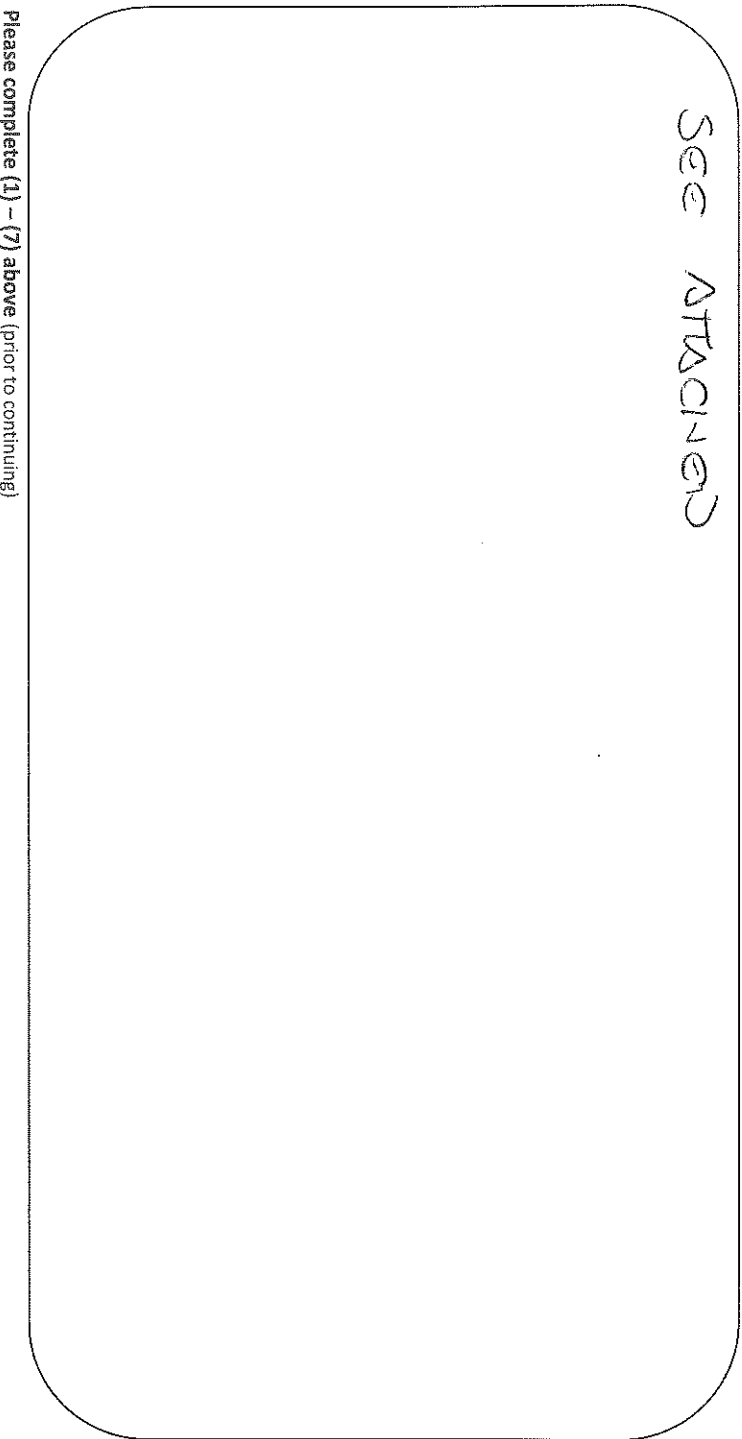
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See ATTACHED



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	225 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	192 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	370 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	ROAD	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	95 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	170 Feet	Setback to Well	40 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

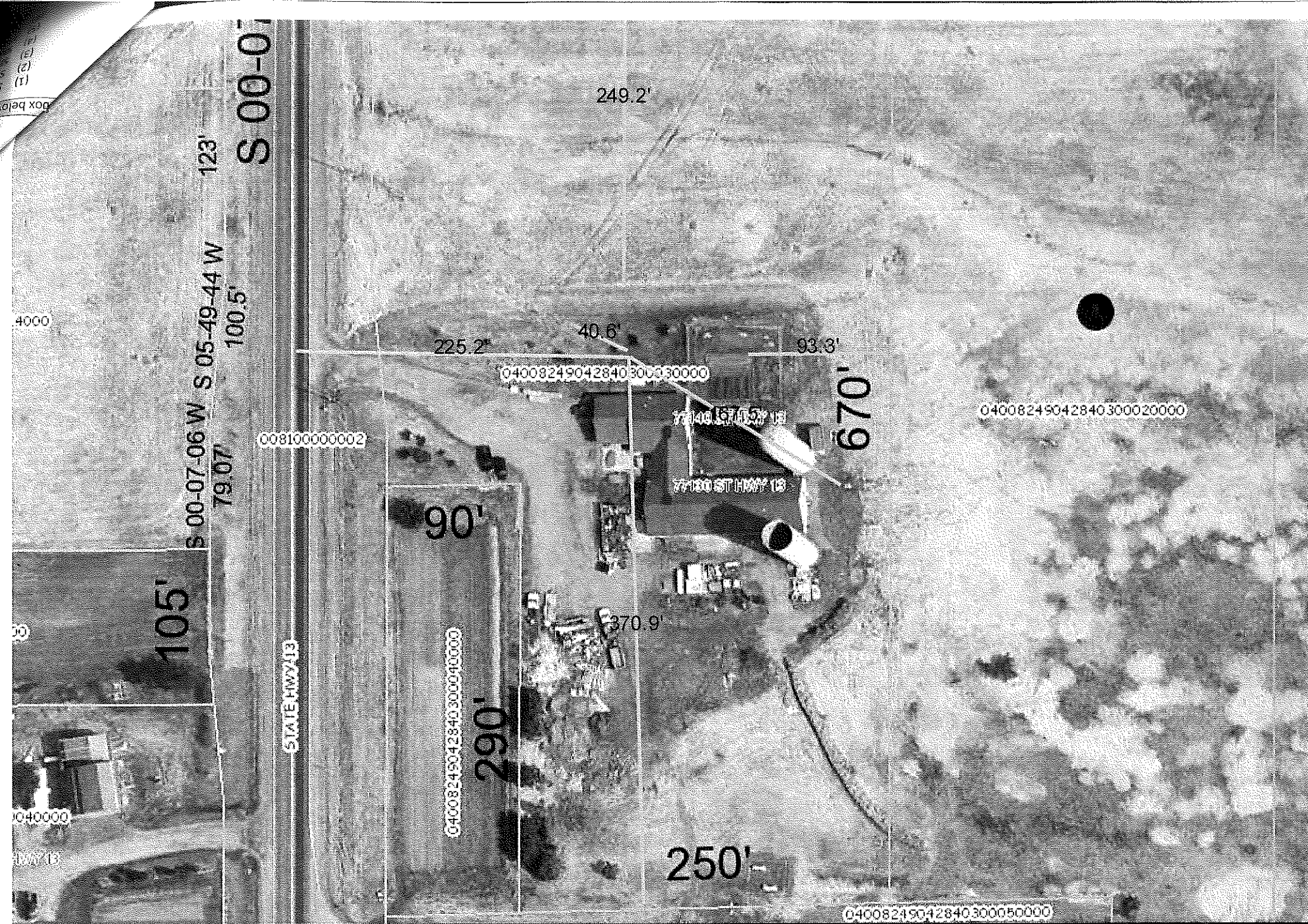
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 21814	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:					
Permit #: 16-0415	Permit Date: 11-10-16					
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: CIP for contractor/landscape business - carpenter cabinet making + school issued 15-0437				Zoning District: RT-1		
Date of inspection: 11-8-16	Inspected by: J. WOODRUFF			Lakes Classification: N/A		
Condition(s): Town, Committee or Board Conditions Attached? Yes, <input type="checkbox"/> No - (If No they need to be attached.)				Date of Re-inspection:		
Commercial use of building space complies w/ commercial use CIP issued 11-6-2015 # 15-0437. 5/62 ARKICUTREAT USES PERMITTED IN THE ARKICUTREAT ZONING DISTRICT.						
Signature of Inspector:				Date of Approval: 11-10-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



Recorded Map



State



Tie Line

